

Case Number:	CM14-0035311		
Date Assigned:	06/23/2014	Date of Injury:	02/25/1993
Decision Date:	07/25/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/21/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 69-year-old male who sustained injury on 02/25/1993. The mechanism of injury is unknown. Treatment history includes medications, physical therapy, injections, and HEP. A progress report dated 01/08/2014 indicates that patient is status post ESI on 08/10/2012 with 20% pain relief in neck and minimal relief in arms. Medication use did not decrease. Functional ability increased minimally with increase in activity level and endurance. His current complaints were pain in neck and left shoulder, headaches, increased depression and anxiety and poor sleep and difficulty with ADLs. Work status was not working, permanent disabled. Medications were Norco, cartivisc, tramadol and Naprosyn. Objective findings include range of motion has decreased 20% in all planes. Sensation was decreased in the bilateral arms (C6). Spurlings was positive. Positive myofascial triggers at bilateral C5, C6, C7 and trapezius. Strength: Decreased grip. MRI: C5-6 disc status post ACDF. UA dated 09/2013 inconsistent (prescribed medications are not evident). EMG: Positive C5-6 radiculopathy. Diagnoses was cervical radiculitis, chronic pain syndrome, cervical disc bulge with nerve root impingement/neuroforaminal stenosis, chronic myofascial dysfunction, depression, and sleep disturbances. Treatment plan includes trial of Cymbalta 30 mg q.d. Continue Tramadol and Naprosyn. Wean medications, as tolerated. Functional restoration program evaluation. Continue home exercise program. An UR dated 03/18/2014 indicates that functional restoration program was non-certified because of pending additional discussion of goals in this case and without documentation of results of recent treatment modifications.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Functional restoration program eval: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

Decision rationale: Guidelines indicate that functional restoration program may be recommended for patients who are motivated to improve and return to work. This is not established in the medical records. Therefore, the medical necessity is not established.